

ACORD

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/31/2002

PRODUCER

Meyers-Reynolds & Associates
1230 North Robinson
Oklahoma City, Ok 73103
405-235-6633/405-235-6634

0015

INSURED

SUNNYSIDE COGENERATION ASSOC.
C/O CONSTELLATION ENERGY GROUP
750 E. PRATT STREET
BALTIMORE, MD 21202

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	LIBERTY MUTUAL FIRE INS. CO.
COMPANY LETTER	B	LIBERTY MUTUAL INSURANCE CO.
COMPANY LETTER	C	ST. PAUL SURPLUS LINES
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	TB2-691-518993-322	08/01/02	08/01/03	GENERAL AGGREGATE \$ 2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED. EXPENSE (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
B	EXCESS LIABILITY				
	<input checked="" type="checkbox"/> UMBRELLA FORM	TH1-691-518993-112	08/01/02	08/01/03	EACH OCCURRENCE \$15,000,000
	OTHER THAN UMBRELLA FORM				AGGREGATE \$15,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
C	OTHER				
	EXCESS UMBRELLA	QY05507091	08/01/02	08/01/03	OCCURRENCE 10,000,000
					AGGREGATE 10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED.
RE: PERMIT # ACT/007/035

AUG 05 2002

CERTIFICATE HOLDER

DEPT. OF OIL, GAS & MINING (DOGM)
ATTN: PAM GRUBAUGH - LITTIG
P.O. BOX 145801
SALT LAKE CITY UT 84114-5801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND BY MAIL~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

Lee Reynolds

DIVISION OF

OIL, GAS AND MINING